

Health Department, City of Baltimore.

Permit No. 99952

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Donohue

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ✓ Years, 8

Color, white Months, 21 Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

107 N Anity St

Cause of Death, { First (Primary). }

Meningitis

Second (Immediate),

Compression of brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peter's.

Date of Burial, May 23rd 1887

{ Undertaker, Michael Doyle }

{ Place of Business, 618 S. Charles st }

J H Branham

M. D.

Medical Attendant.

Address, 901 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

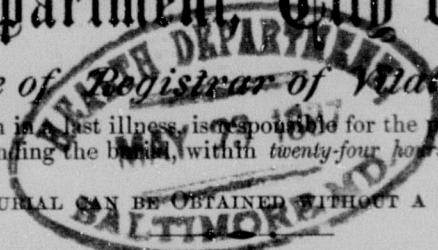
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99953 Office of Registrar of Vital Statistics. Ward 125

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Virginia Baither

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Year, 11 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infant Asylum.

Cause of Death, { First (Primary), Eclampsia
Second (Immediate), Apnoea }

Duration of Last Sickness, 13 hours

All the above information should be furnished by the Physician.

Place of Burial, New Buell Cemetery

Date of Burial, May 25. 1887

Undertaker, John Flannery M. D.

Place of Business, Division St. Address, 170 Dr. Hill Ave.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 99954

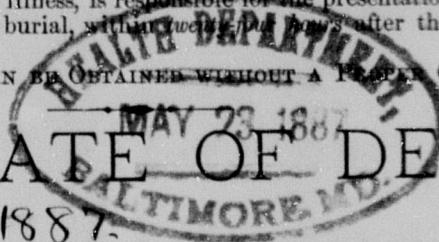
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99954 Office of Registrar of Vital Statistics. Ward 12 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Madeline

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, _____ Years, 2 Months, / Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum. (Infant)

Cause of Death, { First (Primary), Marasmus
Second (Immediate), Ex }

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Calvary Cemetery

Date of Burial, May 23. 1887.

{ Undertaker, John Barnard }

{ Place of Business, Division St. }

F. Flannery

M. D.

Medical Attendant.

Address, 170, Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99955

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

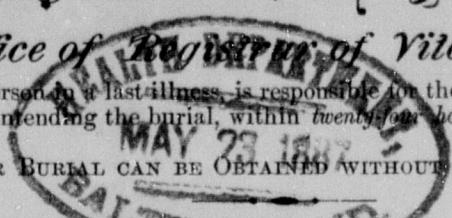
Permit No. 99955

Office of Registrar of Vital Statistics.

Ward 79

The Physician who attended any person in its last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 23rd 1887 -

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Daniel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 84 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Epithelioses of Lips
Second (Immediate), Exhaustion }

Duration of Last Sickness, 5 days -

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 23rd 1887

Undertaker, Geo. Quisenberry Dray & Cakow M. D.

Medical Attendant.

Place of Business, Health Office Address, 624 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99956

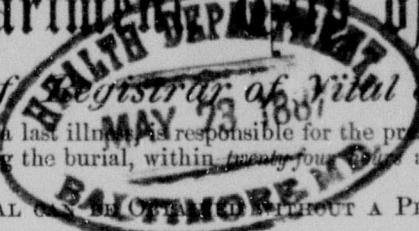
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. 99956 Office of Registrar of Vital Statistics. Ward 1^a

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 22 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maleda W. Cawsey

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 110 Years,

4 Months, 17 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Kentucky

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give Street and Number. }

573 Patterson Park, an

Cause of Death, { First (Primary), Second (Immediate), }

Pregnancy

Pulmonary Oedema

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 24 1881

Undertaker, Mr. & Mrs. Madeline M. D.

Medical Attendant.

Place of Business, 3016 Broadway, Leo & Racay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99957

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

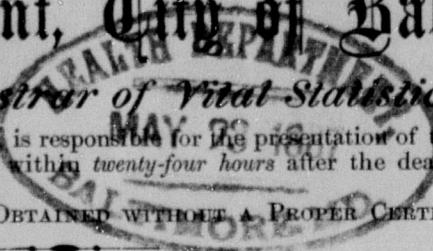
Permit No. 99957

Office of Registrar of Vital Statistics.

Ward 7^o

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Peter Klouwiger

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

76

Years,

Months,

Days.

Color,

Colt

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Wood Sawyer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death, { Give Street and Number. }

1033 Somerset St.

Cause of Death, { First (Primary),

Scurvy

Second (Immediate),

—

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

—

Date of Burial, May 26 1887

—

Undertaker, Henry Stoeck

—

Place of Business, 1023 Pearl St.

—

Medical Attendant,

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99958

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 99958

Office of Registrar of Vital Statistics.

Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 22d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Londell Virginia Mettee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, 3 Months, 3 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Wife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. }

1428 Lafayette Ave

Cause of Death, { First (Primary),

Circumcribed abdominal abscess
Neceration & perforation of

Second (Immediate),

About 2d year

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Elias C. Price M. D.

Date of Burial, May 24, 87

Medical Attendant.

{ Undertaker, Dennis Mitchell}

{ Place of Business, 1201 Lafayette }

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99959

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 99959 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

May 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Corkford Bridget

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 80 Years, Months, Days,

Color, Black

Married, Single, Widow or Widower, { Cross out the word, not required in this line. }

Occupation, Housewife

Birthplace, { State or country, and how long in the United States. } Northampton Co. Va.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } 535 Lombard

Cause of Death, { First (Primary). General Debility } Second (Immediate).

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Manseock Ja

Date of Burial, May 23rd 1887 M. D.

{ Undertaker, Sam'l W. Chase } Medical Attendant.

{ Place of Business, 641 S. Howard St. Address, 1821 Madison Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4686 trans [initials]

No. 99900

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99969 Office of Registrar of Vital Statistics. Ward 13⁵

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

May 23rd 1867
BALTIMORE MD

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John M. Stenard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

42 years

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary), Second (Immediate), }

Amyloid degeneration of kidneys
Exhaustion

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Bonair Boro

Date of Burial, May 24th

Undertaker, John of Cowan

Place of Business, 901 Hollins St

C. W. Mitchell

M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99961 Office of Registrar of Vital Statistics. Ward 6^v

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CERTIFICATE OF DEATH

Date of Death, May 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. H. & Cattie Schilling

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, — Months, 31 hours. Days. —

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Miner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 1910 E. Biddle St.

Cause of Death, { First (Primary), Spasmodic colic. Second (Immediate), exhaustion. }

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 24th 1887 } J.E. Heard.

{ Undertaker, Geo. Schilling } M. D.

{ Place of Business, Ashland Syrup } Address, 1616 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

